

BOARD MEMBERS

SANDRA I. ARKIN
Chair
DELORES CHAVEZ-HARMES
Vice Chair
KIM-THOA HOANG
Secretary
GARY BROWN
COURTNEY CHASE
P. DARREL HARRISON
JAMES LASSWELL
CLIFFORD O. MYERS III
LOURDES N. SILVA



EXECUTIVE OFFICER
(VACANT)

County of San Diego

CITIZENS' LAW ENFORCEMENT REVIEW BOARD

555 W BEECH STREET, SUITE 505, SAN DIEGO, CA 92101-2940
TELEPHONE: (619) 238-6776 FAX: (619) 238-6775
www.sdcounty.ca.gov/clerb

Dear Sir/Madame,

Thank you for contacting the Citizens' Law Enforcement Review Board. This office receives and investigates complaints about the conduct of Sheriff's deputies and Probation officers employed by the County of San Diego.

Please read this page and the instructions on the forms that follow carefully before completing them.

In order for the Review Board to open an investigation, a complaint must be signed under penalty of perjury. Please print out, complete, sign and return both the (1) **Complaint Form** and (2) **Request and Agreement** form. Please fill in the "**Complainant Information**" and "**Incident Information**" sections of the form. If the complaint involves allegations of injury, please complete and return the medical release form(s).

You may mail or fax the completed forms to the above-listed address or facsimile number. You may also scan the documents and email it to clerbcomplaints@sdcounty.ca.gov. If you are unable to complete or print the above-listed forms or prefer to type your complaint, you may email your complaint to clerbcomplaints@sdcounty.ca.gov with a mailing address; staff will copy your complaint into the required forms and mail them to you for your review, signature, and return.

The Review Board has jurisdiction over complaints alleging misconduct in the performance of duty by peace officers employed by the Sheriff's and Probation departments. The Review Board also has jurisdiction over deaths that occur in connection with the actions of these peace officers. The Review Board does not have jurisdiction over non-specific complaints about jail conditions, or over the conduct of civilian employees, such as medical and clerical staff, of the Sheriff's and Probation departments. All complaints must be received within one year of the incident that gave rise to the complaint, unless the complainant was incarcerated or incapacitated during that year. Additional information about the Review Board is available at www.sdcounty.ca.gov/clerb or upon request.

If you have any questions, please contact us in writing (U.S. mail or email at clerbcomplaints@sdcounty.ca.gov), by phone at (619) 238-6776, or in person at the above-listed address in downtown San Diego.

Sincerely,

The Citizens' Law Enforcement Review Board

**SAN DIEGO COUNTY
CITIZENS' LAW ENFORCEMENT REVIEW BOARD**

INSTRUCTIONS FOR COMPLETING CITIZEN COMPLAINT FORM

Please describe, in detail, the event(s) that led to this complaint. Be as clear and specific as possible. If you do not know the name(s) or identification numbers(s) of involved Sheriff's deputies or Probation officers, provide as much descriptive information as possible. Include the date, time, and location of the event(s). List any witnesses and their contact information. If you need more space, attach additional sheets.

Your statement must be a true and accurate account of the incident to the best of your knowledge, and you must sign and attest to its truthfulness under penalty of perjury. If you have questions or need help, please call the Review Board at (619) 238-6776, or leave a message at that number after hours or on holidays.

In accordance with the County Administrative Code, a copy of every signed complaint received by the Review Board is sent to the Sheriff or Chief Probation Officer. Investigative materials are confidential and are not disclosed to the public, including complainants, unless compelled by court order pursuant to California law.

Staff strives to complete every investigation within one year of receipt of a signed complaint; death and complex investigations may take longer to complete. Because the investigative process can take several months, please notify the Review Board of any changes in your contact information. Failure to maintain contact information or failure to cooperate in the investigation will result in a recommendation to the Review Board for Summary Dismissal. You will be notified in writing of the date the Review Board will consider your complaint in closed session and its decision.

INSTRUCCIONES

Por favor describa, en detalle, el evento o los eventos que generan esta queja. Sea lo más claro y específico posible. Si usted no sabe el nombre o placa del oficial o de los oficiales involucrados, provéanos con toda la información descriptiva posible. Si necesita mas espacio, anexe hojas de papel adicionales.

Su declaración debe de ser clara y debe proveer una descripción detallada del incidente de acuerdo a su conocimiento del mismo. Además, debe firmar este documento bajo pena de perjurio. Si usted tiene preguntas o necesita ayuda, por favor contacte a un investigador del Consejo de Revisión al número (619) 238-6776, o deje un mensaje si llama después de las horas de trabajo, o en días festivos.

De acuerdo al Código Administrativo del Condado, copias de las quejas recibidas por el Consejo de Revisión serán enviadas al Departamento del Alguacil. Con excepción de lo que este permitido por ley, los materiales de la investigación son considerados confidenciales y no estarán disponibles al público, incluyendo los querellantes.

Nos esforzamos en completar cada investigación dentro del primer año de recibida. Debido a que el proceso de investigación puede tomar varios meses, por favor notifique al Consejo de Revisión cualquier cambio en su dirección y numero de teléfono. A usted se le notificara por escrito le fecha en que su caso será considerado por el Consejo de Revisión y la decisión tomada.

COMPLAINANT INFORMATION			
COMPLAINANT NAME			
MAILING ADDRESS			
PHONE # (Home & Work)			
SEX:	ETHNICITY (optional):	DOB:	DL, ID or BK:
NAME & ADDRESS OF AGGRIEVED (If other than complainant)			
IF IN CUSTODY, FACILITY & DATE OF RELEASE			
OUT OF CUSTODY ADDRESS & PHONE			

INCIDENT INFORMATION		
LOCATION OF INCIDENT		
DATE OF INCIDENT		RACE OR GENDER ISSUE? <input type="checkbox"/>
ACCUSED NAME, BADGE # & ASSIGNMENT		
WITNESS NAME, ADDRESS, PHONE #		

PLEASE GO TO NEXT PAGE>>>>>

CLERB STAFF USE ONLY						
LODGE DATE		FILE DATE		CASE NUMBER		
INTAKE INV		HOW RECEIVED				
INJURIES CLAIMED <input type="checkbox"/>		INJURIES VISIBLE <input type="checkbox"/>		DRUG OR ALCOHOL RELATED <input type="checkbox"/>		
MEDICAL RELEASE SIGNED <input type="checkbox"/>		PHOTOS TAKEN <input type="checkbox"/>		OTHER WAIVERS SIGNED <input type="checkbox"/>		
ALLEGATIONS						
Excessive Force (EF)		Discrimination or Sexual Harassment (DC)				
Improper Discharge of Firearms (IDF)		Illegal Search or Seizure (ISS)				
False Arrest (FA)		False Reporting (FR)				
Criminal Conduct (CC)		Misconduct (M)				
<i>Misconduct Sub-categories:</i>						
Discourtesy		Harassment		Intimidation		Medical Procedure
						Retaliation Truthfulness
STAFF COMMENTS						
HOW DID COMPLAINANT LEARN ABOUT CLERB?						
Other Citizen/Inmate	Prior Complainant/Witness	Other Department Referral	CLERB Information Brochure	CLERB Website	Other Public Information	Unknown/Declined to State

REQUEST FOR INVESTIGATION OF COMPLAINT & AGREEMENT
NOT TO SUBPOENA CITIZENS' LAW ENFORCEMENT REVIEW BOARD
PERSONNEL OR RECORDS

I, [REDACTED] (name), request that the San Diego County Citizens' Law Enforcement Review Board (CLERB) investigate my complaint against peace officer(s) employed by the Sheriff's Department/Probation Department.

I understand the following:

- CLERB's investigative records associated with my complaint are *confidential* under California law and may not be disclosed to the public or complainants, except as compelled by court order pursuant to California law;
- I will receive written notice of the date CLERB will consider my complaint, staff's recommendation(s), and the Review Board's decision(s) on my complaint;
- I may briefly address the Review Board, if I choose, during the public comments portion of the Review Board's meeting;
- Failure to respond to staff questions, or to provide requested information may result in staff's recommendation to the Review Board that my complaint be dismissed;
- CLERB's findings are *advisory* and *non-binding* for the consideration of the Sheriff or Chief Probation Officer;
- Pursuant to Penal Code Section 832.7 and CLERB Rule 4.5, the disposition of my complaint "shall not be conclusive or binding or admissible as evidence in any separate or subsequent action or proceeding brought before an arbitrator, court, or judge of California or the United States;"
- In requesting CLERB to investigate my complaint, I am not in any way waiving my right to bring a claim or civil suit against any peace officer employed by the San Diego County Sheriff's Department/Probation Department, or the County of San Diego.

By asking CLERB to investigate my complaint against Sheriff's Department/Probation Department sworn personnel, I agree *not* to subpoena CLERB records or testimony from any member of CLERB.

Signature: _____

Date: _____

COUNTY OF SAN DIEGO / CLERB #

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

I hereby authorize disclosure of my health information to:
The Citizens' Law Enforcement Review Board (CLERB)
555 W Beech Street, Suite 505, San Diego, CA 92101-2940

COMPLAINANT		
NAME:		
STREET:	CITY/STATE:	ZIP:
TELEPHONE:	ALIAS:	DOB:
DISCLOSURE IS REQUIRED BY THE FOLLOWING INDIVIDUAL(S) OR ORGANIZATION(S):		
MEDICAL PROVIDER: SHERIFF'S MEDICAL RECORDS	DATE OF SERVICE:	
ADDRESS:	CITY/STATE:	ZIP:
TELEPHONE:	FAX:	
<p>I UNDERSTAND THAT REFUSAL TO PROVIDE AUTHORIZATION DOES NOT PROHIBIT, BUT MAY PREVENT A THOROUGH INVESTIGATION OF MY COMPLAINT. THE FOLLOWING INFORMATION IS TO BE DISCLOSED: (PLEASE CHECK)</p> <p><input checked="" type="checkbox"/> Complete Record <input type="checkbox"/> Other / Provide Description:</p> <p>(The Requestor may use the medical records and type if information authorized for the CLERB Investigation ONLY)</p>		
<p>Expiration: This authorization will expire upon completion of the investigation or within one (1) calendar year from the date the complaint was signed. I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing. I understand that the revocation will not apply to information that has already been released based on this authorization.</p>		
<p>Other Rights: I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form in order to file a complaint with CLERB. I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in section 45 CFR 164.524. I have right to receive a copy of this authorization by the medical provider. I would like a copy of this authorization. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Sensitive Information: I understand that the information in my record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with the Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services or treatment for alcohol and drug abuse.</p>		
<p>Re-disclosure: CLERB will not re-disclose my health information without my written authorization.</p>		
SIGNATURE OF INDIVIDUAL OR LEGAL REPRESENTATIVE		
I agree that a photocopy or faxed copy of this authorization shall be valid as the original.		
SIGNATURE:	DATE:	
LEGAL REPRESENTATIVE (Please include relationship to the complainant):		